IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: Patent Application of Csore, M. et al	:	Dated: 20 February, 2004
Serial No.: 09/823,814	:	Group: Art Unit 1631
Filed: 30 March, 2001	:	
For: METHOD AND SYSTEM FOR MANAGING BLOOD PRODUCTS	:	Examiner: Mahatan, C.
	:	Action: AMENDMENT

To the Commissioner of Patents
and Trademarks
Washington, D. C. 20231

Sir:

Responsive to the Office Action of 20 October, 2003, please amend the above-identified application as follows:

Page 1, line 1, In the Cross-Reference to Related Application:

This application claims the benefit of Provisional Serial No. 60/193,819, filed 31 March, 2000 for METHOD AND SYSTEM FOR MANAGING BLOOD PRODUCTS ~~(including Microfiche Appendix)~~, by Miklos Csore et al and owned by the assignee of the present application.

Page 1, lines 2-4, Reference to Appended Items:

~~Reference is made to the microfiche appendix attached hereto and incorporated herein as a part thereof.~~

Page 9, lines 11 and 12:

Figure ~~4~~ 4A and 4B is a flow chart illustrating the logic used in a standard compatibility test;

Page 9, lines 17-19:

Figure ~~7~~ 7A and 7B is a flow chart illustrating the logic used in an emergency patient product compatibility test;

Page 14, line 19 through Page 15, line 30:

Patient/product compatibility is carried out by determining the patient blood attributes and the blood component

attributes by their respective antigens and antibodies. As shown in Figure ~~4~~ 4A and 4B, standard compatibility compares the patient's antigens with the blood component's corresponding antibodies and blood component's antigens with the patient's corresponding antibodies. When comparing the corresponding antigen and antibody pairs, the incompatibility is determined by a positive presence in both the antigen and antibody. Further, the blood component antigen or antibody may require confirmation by the blood bank for the compatibility comparison to be successful. As illustrated in Figure ~~4~~ 4A and 4B, when this situation occurs, the user is alerted that a blood component's blood attribute has not been confirmed by the blood bank. If one-half of the pair is missing either from the patient or the blood component, the user is alerted that a blood attribute is missing; further testing on the patient's blood or the blood component is required to determine compatibility.

The following Table illustrates a sample compatibility test between the patient and the blood component:

Table I

Patient Antibody	Component Antigen	Component Attribute Confirmed	Compatible
K Positive	K Positive	N/A	No
K Positive	K Negative	Yes	Yes
K Positive	K Negative	No	Unknown
K Positive	K Unknown	N/A	Unknown

Figure ~~4~~ 4A and 4B illustrates the logic employed in carrying out standard compatibility tests.

Page 16, line 17 through Page 17, line 6:

When the patient is unknown to the computer system or the patient is known but there is no current specimen and/or no blood type test on the current specimen, as illustrated in Figure ~~7~~ 7A and 7B, an emergency compatibility check is run to determine if the blood component selected can be issued to the patient. The emergency issue results are controlled by the users to fit the industry defined standards for a given product ID. The following Table illustrates a sample of the rules that may be used by a blood bank:

Page 25, line 21 through page 26, line 18:

Figure ~~4~~ 4A and 4B is intended more to show the logic for determining compatibility of a given blood product and specimen based on blood attributes as illustrated in Figures 5 and 6. Strictly speaking, this is not cross-matching but can be used as a preliminary step for cross-matching. Thus, the system is capable of verifying the updates of blood attributes of the patient as well as blood products to assure that they are compatible as more information becomes available. In conjunction with physical cross-matching, blood attribute determination is helpful in ascertaining the compatibility of a given blood product and specimen.

Figure ~~7~~ 7A and 7B is intended more to show the alternative of emergency supply of blood where there is no time to cross-match or identify the patient and is intended more as a means of assuring

that the blood made available can be used with virtually any patient.